



CITY OF SUGAR LAND
APPLICATION FOR EMPLOYMENT
P. O .Box 110
Sugar Land, TX 77487-0110
(PLEASE PRINT)

Office Use Only

STATEMENT	Affirmative Action/Equal Opportunity Employer The City of Sugar Land does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. The information on this application and all attached papers, etc. is the property of the City of Sugar Land and for its use only. IMPORTANT INSTRUCTIONS: 1. Please use Black Ink. 2. Answer all questions completely. If item does not apply, write in the letters "N/A" for "Not Applicable." 3. Make sure information is accurate. Information given may be checked, and any misstatement or omission is grounds for rejection (or dismissal if already employed). 4. Any applicant requiring an accommodation in any phase of testing for the position sought must notify Human Resources at the time the application is submitted.																												
APPLICANT	Position Number _____ Title _____ Date _____ Name _____ (Last) (First) (Middle) Address _____ (Street) (City) (Zip) Telephone _____ Social Security _____ (Home) (Work) (Cell) E-mail address _____ On what date would you be available for work? _____ How did you learn about this position? _____ Have you ever been convicted of a felony? (Conviction will not necessarily disqualify applicant from employment) ____ Yes ____ No If yes, please explain _____																												
EDUCATION	Did you graduate from high school? Yes _____ No; Last Grade Completed _____ Do you have a GED? Yes ____ No ____ Name and Location of School _____ List below all colleges, universities, vocational, trade or other schools attended.																												
	<table border="1"><thead><tr><th>Schools Attended Other Than High School</th><th>Location (City, State)</th><th>Course Major</th><th>Semester Hours</th><th>Degree</th><th>Date Received</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Schools Attended Other Than High School	Location (City, State)	Course Major	Semester Hours	Degree	Date Received																	
Schools Attended Other Than High School	Location (City, State)	Course Major	Semester Hours	Degree	Date Received																								
LICENSES	List all licenses you hold: (DRIVERS, etc.)																												
	<table border="1"><thead><tr><th>Type</th><th>Issuing Agency</th><th>License Number</th><th>Expiration Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Type	Issuing Agency	License Number	Expiration Date																			
Type	Issuing Agency	License Number	Expiration Date																										
REFERENCES	List names and addresses of three persons, other than relatives, who have knowledge of your character, experience, and ability:																												
	<table border="1"><thead><tr><th>Name</th><th>Address</th><th>Telephone #</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						Name	Address	Telephone #																				
Name	Address	Telephone #																											
Do you have relatives working for the City of Sugar Land? If Yes, please list below:																													
<table border="1"><thead><tr><th>Name</th><th>Relationship</th><th>Department</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>							Name	Relationship	Department																				
Name	Relationship	Department																											

	<p align="center">WORK EXPERIENCE</p> <p>List below, beginning with your most recent job, all present and past employment. Include paid, unpaid, full, etc. Attach additional pages if necessary. A resume will not substitute for this application but may be attached.</p>
1	<p>From _____ To _____ Job Title _____</p> <p>Name and Address of Employer _____</p> <p>Name of Supervisor _____ Telephone No. _____</p> <p>Salary _____ Job Duties _____</p> <p>Reason for Leaving: _____</p>
2	<p>From _____ To _____ Job Title _____</p> <p>Name and Address of Employer _____</p> <p>Name of Supervisor _____ Telephone No. _____</p> <p>Salary _____ Job Duties _____</p> <p>Reason for Leaving: _____</p>
3	<p>From _____ To _____ Job Title _____</p> <p>Name and Address of Employer _____</p> <p>Name of Supervisor _____ Telephone No. _____</p> <p>Salary _____ Job Duties _____</p> <p>Reason for Leaving: _____</p>
ADDITIONAL INFORMATION AND NOTES	<p>Is there anything in your background, training, education, professional experience, etc., that makes you feel qualified for the position for which you are applying? If so, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
APPLICANT'S STATEMENT	<p>I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the City of Sugar Land.</p> <p>I understand and agree that all information furnished in this application may be verified by the City of Sugar Land. I also understand that any employment is subject to a satisfactory check of references and also that once a conditional offer of employment is received, that I will submit to a pre-employment substance abuse screen and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass a physical for required positions.</p> <p>I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Sugar Land all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Sugar Land from any liability for any claim or damage which may result.</p> <p>Signature _____ Date _____</p>



CITY OF SUGAR LAND

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The City of Sugar Land believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____		Date _____	
Position Applied for _____			
Social Security No. _____	Date of Birth _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
		Month/Day/Year	

Race/Ethnic Data:

- ☐ White (Non-Hispanic) ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native
☐ Black (Non-Hispanic) ☐ Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- ☐ Disabled Person ☐ Vietnam Era Veteran ☐ Special Disabled Veteran (30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central, South America or other Spanish culture/origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.



CITY OF SUGAR LAND

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, the undersigned,

Last Name

First

Middle

hereby authorize the City of Sugar Land, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information pertaining to my juvenile or adult criminal record, employment, medical, psychological background, credit history, driving record, military service, and/or education records including, but not limited to, academic achievement, attendance, personal history, work habits, salary history, character, reputation, disciplinary records, and all other relevant information deemed necessary. I hereby direct you to release such information upon request of the bearer.

I hereby release all persons and individuals, you, your representatives and employees, and any governmental agency, educational institution, hospital or other repository or other repository of juvenile or adult criminal justice records, military records, psychological records, credit bureau, lending institution, consumer reporting agency, or business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

The information hereby obtained is to be used for the purpose of evaluating applicants for employment. This authorization will continue in effect for a period of one (1) year from the date below.

Signature (**full name**)

Date

Maiden Name (**if different from full name above**)

Date

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Place of Birth: (City) _____ (State) _____